

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34665

File No. 8826

Registered No. 8826

1. PLACE OF DEATH

County

Registration District No. 781

Township

Primary Registration District No. 101

City St. Louis

No. City Hosp

St. Ward)

2. FULL NAME

Emma A Corless

(a) Residence, No.

St. 23

Ward. Chesterfield Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

John Corless

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 - 1858

7. AGE

YEARS

MONTHS

DAYS

IF LESS than I
day, hrs.
or min.

65

5

26

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House work

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Self

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis County

13. NAME Robert Eatherton

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Virginia

15. MAIDEN NAME Martha BALL

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis County

17. INFORMANT
(ADDRESS)

Georgia Fick

18. BURIAL, CREMATION, OR REMOVAL

Chesterfield Mo

PLACE Monarch Mo

DATE 10-13

1933

19. UNDERTAKER
(ADDRESS)

Shaden Und Co.

Bellvue Mo

20. FILED

11 1933

19

J. H. Brudeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 10 1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on

9:15 P

19.....

Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Basal Fracture of Skull

2:10 M

2:10

Date of onset

Other contributory causes of importance:

Struck by truck -
Accident

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Accident Date of injury Oct 15, 1933

Where did injury occur? St. Louis Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Hit by auto

Nature of injury Basal Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

10/17/33

Dr. J. H. Brudeck
Dr. J. H. Brudeck

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 79

Township.....

Primary Registration District No. 103

City St. Louis (No.)

File No.

Registered No. 8826

St. Ward

2. FULL NAME: Emma Carless

(a) Residence, No.
(Usual place of abode)

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER
(ADDRESS)

20. FILED Oct 10 1923

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1923

22. I HEREBY CERTIFY, That I attended deceased from

to 19..

I last saw h. alive on 19.. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Struck by truck Date of onset

Other contributory causes of importance:

Woman was pedestrian crossing street when struck

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

5-341065